

MARYLAND DEPARTMENT OF THE ENVIRONMENT

1800 Washington Boulevard • Suite 610 • Baltimore, Maryland 21230-1419

410-537-3314 • 800-633-6101 x3314 • <http://www.mde.state.md.us>

Land Management Administration • Waste Diversion and Utilization Program

Notice of Intent General Discharge Permit for Animal Feeding Operations

Authority: Title 9, Environment Article, Annotated Code of Maryland, and Code of Maryland Regulations (COMAR) 26.08.04

Submission of this Notice of Intent (NOI) constitutes notice that the person identified in Section I of this form has the intent to be authorized by a State/NPDES General Discharge Permit issued for the discharges from the animal feeding operation identified in Section II of this form. Authorization to discharge shall commence upon notification to the applicant of acceptance of this NOI by the Maryland Department of the Environment (the "Department").

NOI for (check): ☐ CAFO Permit ☐ MAFO Permit (for large AFOs only. Medium AFOs may be required to submit Certification of Conformance. See AFO Website for more information.)

(check) ☐ Existing Lot/Facility (Farm) ☐ Proposed (New) Lot/Facility (Farm)

Existing Permit No.: _____ - _____ Issued Date: ____/____/____ Expiration Date: ____/____/____

Section I. Applicant/Owner/Operator Information

Applicant's Legal Name: _____

Applicant's Status: ☐ Individual sole proprietorship ☐ Corporation ☐ other: _____

Please check if applicant is also the owner: ☐

Applicant's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Email Address: _____

Applicant's Telephone No.: () _____ - _____ Facsimile No.: () _____ - _____

Applicant's Cell Phone No.: () _____ - _____

Emergency Contact Name & Title: _____ Telephone No.: () _____ - _____

For a Corporation or Government, please provide the following information:

Federal Tax Identification No.: _____

Maryland State Department of Assessments and Taxation (SDAT) ID No.: _____

Please note that a business/entity must be registered to do business in Maryland before coverage under this permit can be issued. The business or entity's information provided in this NOI must match the information in the SDAT register.

For a sole proprietorship or individual, please provide the following information:

Social Security No.: _____ OR State of Maryland Sole Proprietorship ID No.: _____

Proof of workers' compensation coverage is required under § 1-202 of the Environment Article. Please provide one of the following:

- (1) A copy of a Certificate of Compliance issued by the Maryland Workers' Compensation Commission; or
- (2) Workers' Compensation Insurance Policy/Binder No.: _____

Section II. Lot/Facility (Farm) Information

Lot/Facility (Farm) Location: Enter the lot/facility (farm's) legal name and complete street address including the nearest town or city (the actual location of the lot/facility [farm], not the mailing address). Provide the latitude and longitude of the production area to the nearest 15 seconds of the approximate center of the site (lot/facility). The latitude and longitude can be found on a relatively detailed map such as an ADC (book) county map. Attach a map of the site (lot/facility) including at least one named street. Provide the type and number of animals at the site (lot/facility), and the type of housing.

Please fill out the following information for all lots/facilities (farms) associated with the animal feeding operation, starting with the primary lot/facility (farm) and continuing with all associated lots/facilities (farms). Associated lots/facilities (farms) are those that you have control over the application of the manure by ownership, lease, or agreement. All of these associated lots/facilities (farms) must be included in the Comprehensive Nutrient Management Plan (CNMP) for CAFOs or Nutrient Management Plan (NMP) for MAFOs. You may photocopy the associated lot/facility (farm) information sections to provide information for all associated lots/facilities (farms).

The CNMP is an important part of your animal feeding operation. The CNMP documents the planning decisions and operation and maintenance for the animal feeding operation. The CNMPs are developed by USDA-NRCS or their Certified Technical Service Providers. The NMP must be prepared for the lot/facility (farm) and the associated lots/facilities (farms) by a certified and licensed nutrient management consultant or a certified operator in accordance with the Maryland Department of Agriculture requirements of COMAR 15.20.04, and is in compliance with COMAR 15.20.07 and 15.20.08.

■ **Primary Lot/Facility (Farm) Name:** _____
Lot/Facility (Farm) Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
County: _____ **County Zoning Map No.:** _____ **Lot/Parcel No.:** _____ **Deed/Liber/Folio No.:** _____
Bay Tributary Watershed Code: _____ **Latitude/Longitude (Deg/Min/Sec):** _____ - _____ - _____ / _____ - _____ - _____
USDA Farm Services Agency (FSA) Tract Nos. _____
Primary type (From Animal Type/AFO Size Table) and actual number of animals raised: _____
Other animal types (From animal Type/AFO Size Table) and actual numbers: _____
Type of Confinement? (Enclosed, under roof, outdoor): _____ **Date(s) of Construction:** _____
For poultry only: Total square footage of all houses: _____ (square feet)
How many lots/facilities (farms) are associated with this animal feeding operation? _____

■ **Associated Lot/Facility (Farm) Name:** _____
Lot/Facility (Farm) Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
County: _____ **County Zoning Map No.:** _____ **Lot/Parcel No.:** _____ **Deed/Liber/Folio No.:** _____
Bay Tributary Watershed Code: _____ **Latitude/Longitude (Deg/Min/Sec):** _____ - _____ - _____ / _____ - _____ - _____
USDA Farm Services Agency (FSA) Tract Nos. _____
Primary type (From Animal Type/AFO Size Table) and actual number of animals raised: _____
Other animal types (From animal Type/AFO Size Table) and actual numbers: _____
Type of Confinement? (Enclosed, under roof, outdoor): _____ **Date(s) of Construction:** _____
For poultry only: Total square footage of all houses: _____ (square feet)

■ **Associated Lot/Facility (Farm) Name:** _____
Lot/Facility (Farm) Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
County: _____ **County Zoning Map No.:** _____ **Lot/Parcel No.:** _____ **Deed/Liber/Folio No.:** _____
Bay Tributary Watershed Code: _____ **Latitude/Longitude (Deg/Min/Sec):** _____ - _____ - _____ / _____ - _____ - _____
USDA Farm Services Agency (FSA) Tract Nos. _____
Primary type (From Animal Type/AFO Size Table) and actual number of animals raised: _____
Other animal types (From animal Type/AFO Size Table) and actual numbers: _____
Type of Confinement? (Enclosed, under roof, outdoor): _____ **Date(s) of Construction:** _____
For poultry only: Total square footage of all houses: _____ (square feet)

■ **Associated Lot/Facility (Farm) Name:** _____
Lot/Facility (Farm) Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
County: _____ **County Zoning Map No.:** _____ **Lot/Parcel No.:** _____ **Deed/Liber/Folio No.:** _____
Bay Tributary Watershed Code: _____ **Latitude/Longitude (Deg/Min/Sec):** _____ - _____ - _____ / _____ - _____ - _____
Primary type (From Animal Type/AFO Size Table) and actual number of animals raised: _____
Other animal types (From animal Type/AFO Size Table) and actual numbers: _____
Type of Confinement? (Enclosed, under roof, outdoor): _____ **Date(s) of Construction:** _____
For poultry only: Total square footage of all houses: _____ (square feet)
USDA Farm Services Agency (FSA) Tract Nos. _____

Section III. Manure Storage/Use and Mortality Management

Manure Storage - Indicate the amount and type of storage on each Lot/Facility (Farm) associated with your animal feeding operation, starting with the primary Lot/Facility (Farm). Also record the total typical amount of manure generated each day or each year by all of the farms (lots/facilities) under your control, the total amount of manure transported off the properties under your control, and the total amount of land available for land application on all of the associated farms (lots/facilities). Describe the type of mortality management used on each Lot/Facility (Farm).

Total Manure/Wastewater generation _____ Tons/Pounds/Gallons + Frequency (per day/per year)

(circle one)

(circle one)

Total Manure transported offsite: quantity _____ Tons/pounds/gallons + Frequency (per day/per year)

(circle one)

(circle one)

Total Land application area controlled by applicant: _____ (acres)

(under same ownership)

_____ (acres)

(under contract)

Storage Type Instructions: Write the type of manure storage utilized at each Lot/Facility (Farm) on the line provided. To provide the capacity of the manure storage facility, where appropriate, For liquid or dry manure circle "ft3", For liquid manure circle "gal" and for dry manure include the length and width ("LxW") of the storage facility.

■ **Primary Lot/Facility (Farm):**

Storage Type _____ Capacity _____ ft3 / gal / LxW (circle units)
(anaerobic lagoon, roofed storage shed, storage ponds, under floor pits, above ground storage tanks, other)

Date(s) of Construction: _____

Storage Type _____ Capacity _____ ft3 / gal / LxW (circle units)

(anaerobic lagoon, roofed storage shed, storage ponds, under floor pits, above ground storage tanks, other)

Date(s) of Construction: _____

Mortality Management: _____ (composter, rendering, incineration, other)

■ **Associated Lot/Facility (Farm): Name:** _____

Storage Type _____ Capacity _____ ft3 / gal / LxW (circle units)
(anaerobic lagoon, roofed storage shed, storage ponds, under floor pits, above ground storage tanks, other)

Date(s) of Construction: _____

Storage Type _____ Capacity _____ ft3 / gal / LxW (circle units)
(anaerobic lagoon, roofed storage shed, storage ponds, under floor pits, above ground storage tanks, other)

Date(s) of Construction: _____

Mortality Management: _____ (composter, rendering, incineration, other)

■ **Associated Lot/Facility (Farm): Name:** _____

Storage Type _____ Capacity _____ ft3 / gal / LxW (circle units)
(anaerobic lagoon, roofed storage shed, storage ponds, under floor pits, above ground storage tanks, other)

Date(s) of Construction: _____

Storage Type _____ Capacity _____ ft3 / gal / LxW (circle units)

(anaerobic lagoon, roofed storage shed, storage ponds, under floor pits, above ground storage tanks, other)

Date(s) of Construction: _____

Mortality Management: _____ (composter, rendering, incineration, other)

■ **Associated Lot/Facility (Farm): Name:** _____

Storage Type _____ Capacity _____ ft3 / gal / LxW (circle units)
(anaerobic lagoon, roofed storage shed, storage ponds, under floor pits, above ground storage tanks, other)

Date(s) of Construction: _____

Storage Type _____ Capacity _____ ft3 / gal / LxW (circle units)

(anaerobic lagoon, roofed storage shed, storage ponds, under floor pits, above ground storage tanks, other)

Date(s) of Construction: _____

Mortality Management: _____ (composter, rendering, incineration, other)

Section IV. CAFOs Only – Plans and Fees

CNMP Information - Please indicate the date of the latest CNMP for your facility. Also record the name and the certificate # of the person who prepared the CNMP. CAFOs must submit a CNMP with the NOI.

If no CNMP is attached, please explain. _____ and attach a CNMP Status Form with applicable current NMP.

Date latest CNMP or NMP completed: _____ Plan writer _____ Certificate # _____

✦ IMPORTANT ✦ IMPORTANT ✦ IMPORTANT ✦

FEES UNDER REVIEW

Please submit a **COPY** of this form and a check for the total amount due made payable to the "CLEAN WATER FUND" to:
Maryland Department of the Environment
P.O. Box 1417
Baltimore, Maryland 21230-1417



Please submit the **ORIGINAL** application to
Maryland Department of the Environment
1800 Washington Boulevard, Suite 610
Baltimore, Maryland 21230-1719

For office use only

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Section V. MAFOs Only

Large AFOs whose operations were in existence on December 1, 2009 must submit a current NMP and a conservation plan or a CNMP by December 1, 2011. Applicants for these operations must submit a current NMP and a conservation plan or a CNMP with the NOI. Please check off plan(s) submitted with NOI and indicate the date of the plan. Also record the name and the certificate # of the person who prepared the Plan.

___ CNMP OR ___ NMP and ___ Conservation Plan Date(s) Plans completed: _____

CNMP or NMP Writer: _____ Certificate #: _____

Conservation Plan Writer: _____

Section VI. Certification

By signing this form, I the applicant or duly authorized representative, do solemnly affirm under the penalties of perjury that the contents of this application are true to the best of my knowledge, information, and belief. I hereby authorize the representatives of the Department to have access to the animal feeding operation and associated farms for inspection and to records relating to this application at any reasonable time. I acknowledge that depending on the type of permit applied for, other permits or approvals may be required.

Signature of Applicant

Date

Applicant's Name (Print)

Title

Privacy Act Notice: This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. §552.a. Disclosure of your Social Security Number or Federal Employer Identification Number on this application is mandatory pursuant to the provisions of §1-203 (2003), Environment Article, Annotated Code of Maryland, which requires the Department to verify that an applicant for a permit has paid all undisputed taxes and unemployment insurance. The Department is also mandated by §10-119.3, Family Law Article, Annotated Code of Maryland, to require each applicant for a license to disclose the Social Security Number of the applicant and record the applicant's Social Security Number on the application. Pursuant to §10-119.3(a)(2), the definition of "license" means any license, certificate, registration, permit, or other authorization that: (i) is issued by a licensing authority; (ii) is subject to suspension, revocation, forfeiture, or termination by a licensing authority; and (iii) is necessary for an individual to practice or engage in a particular business, occupation, or profession. Social Security or Federal Employer Identification Numbers will not be used for any purposes other than those described in this Notice.

The Department is requesting the information in the NOI in order to process your request for coverage under the General Discharge Permit for Animal Feeding Operations. Failure to complete the NOI could result in the inability of the Department to process the NOI due to an incomplete form, equivalent to the denial of the permit coverage. Information in the NOI can be updated at any time by notifying the Department in writing. As the Department is a public agency subject to the Maryland Public Information Act (PIA), the NOI is part of the public record available for inspection by other members of the public, including, but not limited to, the county or municipality and elected officials. Copies of the NOI or any part of the public record will be provided upon written request and pursuant to the PIA. Parts of the public record, including the NOI, can also be found at www.mde.state.md.us.

Animal Type and Animal Feeding Operation Size Table

Animal Type	Size of Animal Feeding Operations based on Number of Animals or House Capacity in square feet		
	A	B	C
	Large	Medium	Small
Cattle (includes heifers)	1000 or more animals	300—999 animals	less than 300 animals
Dairy cattle	700 or more animals	200—699 animals	less than 200 animals
Horses	500 or more animals	150—499 animals	less than 150 animals
Veal	1000 or more animals	300—999 animals	less than 300 animals
Swine ≥ 55 pounds	2500 or more animals	750—2499 animals	less than 750 animals
Swine < 55 pounds	10,000 or more animals	3,000—9,999 animals	less than 3,000 animals
Sheep and lambs	10,000 or more animals	3,000—9,999 animals	less than 3,000 animals
Ducks with liquid manure handling*	5,000 or more animals	1,500—4,999 animals	less than 1,500 animals
Chickens with liquid manure handling	30,000 or more animals	9,000—29,999 animals	less than 9,000 animals
Ducks with dry manure handling	30,000 or more animals	10,000—29,999 animals	less than 10,000 animals
Laying hens with dry manure handling	82,000 or more animals	25,000—81,999 animals	less than 25,000 animals
Chickens (other than laying hens) with dry manure handling	125,000 or more animals or greater than or equal to 100,000 ft ²	37,500—124,999 animals and less than 100,000 ft ²	less than 37,500 animals
Turkeys	55,000 or more animals	16,500—54,999 animals	less than 16,500 animals

